PTO/SB/21 (06-09)

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TRANSMITTAL **FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/528,005 Filing Date June 9, 2006 First Named Inventor Pierre J. Messier Art Unit 1794 **Examiner Name** J. A. Steele Attorney Docket Number TRI-018NP

ENCLOSURES (Check all that apply)						
X Fee Transr	mittal Form	Drawing(s)		After Allowance Communication to TC		
x Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences		
X Amendment/Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final		Petition to Convert to a Provisional Application		Proprietary Information		
x Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address Status Letter		Status Letter		
x Extension of Time Request		Terminal Disclaimer		x Other Enclosure(s) (please Identify below): Request for Continued Examination (6) SB-08 and Reference Cirriculum Vitae Return Receipt Postcard		
Express Abandonment Request		Request for Refund				
x Information Disclosure Statement		CD, Number of CD(s)				
Certified Copy of Priority Document(s)		Landscape Table on CD				
Reply to Missing Parts/ Incomplete Application		Remarks				
Reply to Missing Parts under 37 CFR 1.52 or 1.53						
	SIGNAT	URE OF APPLICANT, ATTOR	NEY, OR	AGENT		
Firm Name	GOODWIN PROCTER LLP					
Signature	Su en					
Printed name	Seth Snyder					
Date	September 25, 2009			60,243		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. (Kammy Tamashar)

Dated: September 25, 2009

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
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Effective on 12/08/		Complete if Known			
es pursuant to the Consolidated Approp		Application Number	10/528,005		
FEE TRANS	MITTAL	Filing Date	June 9, 2006		
		First Named Inventor	Pierre J. Messier		
For FY 20	708	Examiner Name	J. A. Steele		
X Applicant claims small entity state	us. See 37 CFR 1.27	Art Unit	1794		
OTAL AMOUNT OF PAYMENT	(\$) 1140.00	Attorney Docket No.	TRI-018NP		
METHOD OF PAYMENT (check	all that apply)				
Check Credit Card	Money Order No	ne Other (please ide			

TOTAL AMOUNT	OF PAYMENT	(\$)	1140.00		Attorney Docket	No.	TRI-018NP		
METHOD OF PAYMENT (check all that apply)									
Check	Credit Card	Money	Order	Nor	e Other (please iden	tify):		
X Deposit Ac	count Deposit Acco	unt Number:	06-092	23	Deposit /	Account Nai	me: Goody	vin Procter L	LP
For the	above-identified d	eposit accou	unt, the Direc	tor is	hereby authorize	ed to: (che	eck all that apply)	
x C	harge fee(s) indica	ated below			Charge	e fee(s) ir	ndicated below, e	except for the	filing fee
x cl	harge any addition e(s) under 37 CFF	nal fee(s) or 1 R 1.16 and 1	underpaymei .17	nts of	x Credit	any over	payments		
FEE CALCU	LATION							·	
1. BASIC FILIN	G, SEARCH, AND	EXAMINA	TION FEES						
		FILING FE	EES Il Entity	SEA	ARCH FEES Small Entity	EXAM	INATION FEES Small Entity	6	
Application T	<u>ype</u> <u>Fe</u>			ee (\$		Fee (\$		Fees Pa	aid (\$)
Utility	3	10	155	510	255	210	105		
Design	2	10	105	100	50	130	65		
Plant	2	10	105	310	155	160	80		
Reissue	3	10	155	510	255	620	310		
Provisional	2	10	105	0	0	0	0		
2. EXCESS CLA	AIM FEES							_	mall Entity
Fee Description								Fee (\$)	<u>Fee (\$)</u>
	r 20 (including Re	,	•					50	25
Multiple depende	ent claim over 3 (i	nciuding Ke	issues)					210	105
		- 4			\	_		370	185
Total Claims	Extra Claims		<u> </u>	ree r	'aid (\$)	-	<u>Multiple Depend</u> Fee (\$)	ent Claims Fee Paid (\$)	
	- 20 = ber of total claims paid	x d for, if greater			-		-ee (\$)	ree raiu (4)	
Indep. Claims	Extra Claims			Fee F	aid (\$)				_
-3= X =									
HP = highest num	ber of independent cla	ims paid for, if	greater than 3.						
listings und	on SIZE FEE ation and drawing der 37 CFR 1.52(e action thereof. Se)), the appli	cation size fe	e du	e is \$260 (\$130 f				
<u>Total Sheet</u>	_				dditional 50 or frac			Fee P	aid (\$)
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
	• •	` ,	RCE \$405.0		oun,				
Other (e.g., late filing surcharge): Submission of an Information Disclosure Statement									
\$180.00 Extension of Time \$555.00									
	1140.00					0.00			
SUBMITTED BY						<u> </u>			
Signature	Sen e	<u> </u>			Registration No.	60,243	Telephone	212-459-	7204
	Jun y	<i>,,,</i>			(Attorney/Agent)	00,24c		212-703-	, 207

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postathed date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1 Alexandria, VA 223 13-1450.	
() () () () () () () () () ()	

PTO/SB/17 (10-07)

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onder the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/528.005 pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number June 9, 2006 FEE TRANSMIT Filing Date Pierre J. Messier First Named Inventor For FY 2008 **Examiner Name** J. A. Steele 1794 Applicant claims small entity status. See 37 CFR 1.27 Art Unit TRI-018NP TOTAL AMOUNT OF PAYMENT 1140.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): 06-0923 Goodwin Procter LLP Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x | Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 155 510 255 210 105 Utility 310 Design 210 105 100 50 130 65 Plant 210 105 310 155 160 80 510 255 620 310 155 310 Reissue 105 Provisional 210 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 Total Claims Fee Paid (\$) **Multiple Dependent Claims** Extra Claims Fee Paid (\$) Fee (\$) - 20 = HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) - 3 = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Extra Sheets - 100 = /50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) RCE \$405.00 Other (e.g., late filing surcharge): Submission of an Information Disclosure Statement \$180.00 Extension of Time \$555.00 1140.00 SUBMITTED BY Registration No. Sim lvv 60,243 212-459-7204 Signature Telephone I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 223 13-1450. Dated: September 25, 2009 Signature: (Kammy Tamashar)

PTO/SB/92 (07-09)
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Application No. (if known): 10/528,005

Attorney Docket No.: TRI-018NP

Certificate of Mailing under 37 CFR 1.8

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September 25, 2009 Date

Lawrent The	-sla-
Signa	ature
Kammy T	amashar
Typed or printed name of	person signing Certificate
	(212) 459-7059
Registration Number, if applicable	Telephone Number

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Transmittal Form (1 page);

Request for Continued Examination Transmittal in duplicate (2 pages);

Fee Tranmsittal in duplicate (2 pages);

Petition for Extension of Time in duplicate (2 pages);

Request for Continued Examination (Remarks) (6 pages);

Declaration by Pierre Messier (6 pages);

Cirriculum Vitae (13);

Information Disclosure Statement (2 pages);

PTO/SB/08a (1 page);

References (5)

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